

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 6298

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Edward Langlitz

3. (b) If veteran, name war None 3. (c) Social Security No. 493-07-3881

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E Langlitz nee Kaiser 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April 18, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 13 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator operator

11. Industry or business Con P. Curran Printing Co.

12. Name Conrad Langlitz

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Malkemiss

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary E. Langlitz

(b) Address 3852 W. Florissant Ave

17. (a) Cremation (b) Date thereof 8/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

AUG - 1 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3852 W. Florissant Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31,
year 1941 hour 5:20 minute A. M.

21. I hereby certify that I attended the deceased from July
29, 1941 to July 31, 1941,
that I last saw him alive on July 31, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Cerebral Arteriothrombosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 82

Major findings: Of operations.....

Of autopsy not done

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature [Signature] Address 1515 Lafayette Ave. Date signed 7/31/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Lamar Hampton
Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.